

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			↓			↓			↓		
TOTAL DEP.			←			←			←		
TOTAL CLAIMS			↓			↓			↓		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS